CLIENTS CIVIL RIGHTS COMPLAINT FORM

Date/Place (Street Addres	s) discriminatory act took	c place:	
Names and Titles of Depa	rtment employee(s) invol	ved:	
Names, Addresses and Te	elephone Numbers of Wit	nesses:	
Reason for the Alleged Dis	scrimination:		
Age	Color	Disability	Sex
National Origin	Race	Religion	Political Beliefs
Please describe what hap	pened:		
What action can the Depa	rtment take to correct the	e problem?:	
Name, Address and Telep	hone Number of Person	Lodging Complaint:	
Signature	Date		

Revised (8/04)

CLIENTS CIVIL RIGHTS COMPLAINT FORM

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NONDISCRIMINATION COMPLIANCE AGENCIES

USDA, Director, Office of Civil Rights Room 326-W, Whitten Building 1400 Independence Avenue, SW Washington, DC 20250-9410 (202) 720-5964 (voice/TDD) ocrcomplaint@hhs.gov, or

Office for Civil Rights, USDA 550 Kearny Street, Room 400 San Francisco, CA 94108 1-888-271-5983 (Voice) 1-800-735-2922 (TTY/TDD)

U.S. Department of Health and Human Services, Office for Civil Rights Room 506-F 200 Independence Avenue, S.W. Washington, D.C. 20201 (202) 619-0403 (voice) (202) 619-3257 (TDD)

U.S. Department of Energy Seattle Regional Office 800 5th Avenue, Ste. 3950 Seattle, WA 98104

COVERED PROGRAMS

All Food and Nutrition Programs, Food Stamps, WIC (Women, Infants, Children), etc.

AFDC, Adoptions, Adult/Child Development, Child Support Enforcement, Developmental Disabilities, Early Periodic Screening and Detection (EPSDT), Health Care Services, Nursing Homes, Hospitals and Institutions, Medical Assistance, Preventive Medicine, Social Services, Substance Abuse, Block Grants, Foster Care, Primary Health Clinic, WIN, Low Income Energy Assistance Program, Community Service Block Grants

Weatherization Assistance Program